

## **Vaccination(s) Refusal Due to Personal Religious Beliefs**

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

I have been advised my child or ward (named above) should receive the following vaccines but I am declining to have my child immunized.

### **Declined (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Hepatitis B Vaccine                                     | <input type="checkbox"/> Measles, Mumps, Rubella Vaccine (MMR) |
| <input type="checkbox"/> Diphtheria, Tetanus, acellular Pertussis Vaccine (DTaP) | <input type="checkbox"/> Varicella (Chickenpox) Vaccine        |
| <input type="checkbox"/> Diphtheria, Tetanus Vaccine (DT and Td)                 | <input type="checkbox"/> Influenza (flu) Vaccine               |
| <input type="checkbox"/> Haemophilus influenza type B Vaccine (Hib)              | <input type="checkbox"/> Meningococcal Vaccine                 |
| <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV)                    | <input type="checkbox"/> Hepatitis A Vaccine                   |
| <input type="checkbox"/> Polio Vaccine (IPV)                                     | <input type="checkbox"/> Other: _____                          |

I have been given the opportunity to read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) (VIS) explaining the above vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider or the health department and to have my questions, if any, answered. By signing below, I acknowledge I understand the following:

- The purpose and the need for the recommended vaccine(s)
- The risks and benefits of the recommended vaccine(s)
- If my child does not receive the vaccine(s), I accept the consequences of my decision, which may include:
  - My child contracting the illness the vaccine should prevent
  - My child transmitting the disease to others
  - The need for my child to stay out of daycare or school during disease outbreaks

I have decided to decline (indicated above) the vaccination(s) recommended for my child (indicated above) because the vaccination(s) conflict with my personal religious beliefs. Further, I affirm the truth of this statement under the penalty of perjury.

I acknowledge I have read this document in its entirety and fully understand it.

\_\_\_\_\_  
Parent or Guardian      Date

\_\_\_\_\_  
Witness      Date

\_\_\_\_\_  
Notary Public

Date Commission Expires \_\_\_\_\_